

Kickapoo Tribe in Kansas

Child Care Program

Application and Eligibility

Materials

Revised March 2009
M.F.R.

Kickapoo Tribe in Kansas CHILD CARE PROGRAM

Program Description

The Kickapoo Child Care & Development Program subsidizes pre-school child care services, and before and after school services for children ages 12 years and under. Children ages 13-18 years, who are unable to take care of themselves, because of a physical or mental disability, are eligible for services, if a medical doctor or a psychiatrist certifies the disability in writing. Tribal children who reside with a family of low and medium income, that does not exceed 85% of the Grantee Median Income; under the State Median Income for a family of the same size, and whose parents are working, attending a job training or educational program or who receives or need to receive protective services (with proper documentation) are eligible for the program.

The Kickapoo Tribe operates what is called a "certificate" program.. This gives the parent maximum flexibility when choosing who will take care of their children. Parents have three choices. They may choose: 1) Professional childcare licensed by the State of Kansas; 2) unlicensed In-home care (in the parents' home only); or 3) unlicensed Family care from a member of the child's immediate family (adult, sibling, aunt, uncle, grandparent or great-grandparent). **Note: Unlicensed In-home child care providers will have to register with the _____ State of California's system to prevent ---- for=child care-services.** Immediate , Family childcare providers may be exempted from this requirement.

After the parents choose their child care provider, and after all program requirements are met, the Kickapoo Tribe will subsidize part of the cost. The parents must pay the difference. The amount of the tribal subsidy depends on family income, family size, and the cost of the child care services. The cost of the Professional licensed childcare is the regular rate charged by the provider. To determine a fair rate (by zip code) of In-home and Family care, the State of Kansas's market survey will be used.

At the end of each month, the parent and/or provider will return a certificate to the Tribe showing the total number of hours of childcare provided for each child. The certificate is a bi-weekly billing to the Tribe for the Tribe's share of the cost. After ensuring everything is in order on the certificate, the Tribe will mail a check directly back to the provider for the Tribe's share of the cost. The Tribe will mail the check within 10 working days after receiving the completed certificate. Note: the parent(s) must pay the provider for the remaining portion of that month's childcare cost.

Additional Information

The Kickapoo Tribe has brochures which provide additional information on "Choosing Child Care", "Choosing Infant Child Care" and "Employer Assisted Child Care". Please ask the Program Director for copies of any brochures you are interested in receiving. For families outside of our immediate area, the local Department of Social Rehabilitation Services (SRS) will be the Resource & Referral Agency and can provide information specific to that area.

Confidentiality

All information collected as part of this program is confidential, and access will be limited to the program administration. No other use of this information is allowed without the expressed written consent of the parent or legal guardian.

Qualification Procedure

As part of the application procedure, the parent will fill out the application form and provide certain types of documentation and information. Without this documentation, the application process cannot be completed and the Tribal subsidy will not be received.

Required documents for Application include:

Application Form

This form will include, but not be limited to complete names of all family members, home address and phone number, work address and phone number, plus verification of job and income, school application, and/or job training.

a) Verification of All Income

Documentation may include paycheck stubs, unemployment award letter, disability award letter, SSI/SSP award letter, Social Security award letter, TANF verification from the Department of Social Services in County of residence, or a signed statement of gross earnings from a parent who is self-employed. Monthly co-pay shall be verified by observing a copy of the statement of gross earnings, which accompanies payment from the employer. A record showing the date of the payroll check, the period of payment and adjusted earnings shall be submitted with the certificate. Where income is received as cash, the

---amount-shall-be-verified-by-a-telephone-conversation-with-the--employer.-

If Not Employed

The parent(s) must provide documented proof the parent(s) is/are enrolled in college, school, a certified vocational educational or job training program.

>3complete and up-to-date Immunization Records

'immunizations are required for each child. . Free immunizations .. ' .

are available at the Kickapoo's Health Clinic: Following are the Tribe's immunization requirements.

Immunization Records Should Show the Child has Received:

<u>Child's Age</u>	None
0-6Weeks	DPT (Diphtheria/Pertussis/Tetanus) -first immunization
6 Weeks - 4 Months	OPV (Polio) - first immunization
4 - 6 Months	DPT - first and second immunizations OPV - first and second immunizations
DPT - first, second	and third immunizations OPV - first and second immunizations DPT - first, second and third immunizations OPV - first and second immunizations
6 - 15 Months 15	MMR (Measles/Mumps/Rubella) - vaccination (lifetime)
- 18 Months 24	All previous immunizations plus a vaccination for hemophilia's influenza (H flu) is recommended.
Months/Over	

For more information, check with your health care provider

The following information will also be required to complete the application before the application is submitted.

3. **State License, W-9 and Market Rate Fees** The Tribe requires a copy of the Providers; State License and Market Rate Fees for professional childcare services.
4. A 3-party Agreement Must be signed between the Tribe, a parent, and the child care provider. Be sure to read the one-page agreement carefully and keep a copy for your information.
5. **Proof of Registration** State of California system registration is required to prevent child abuse; is required for all unlicensed In-home care providers.

Fair Hearings

Upon request, for all components, the Kickapoo Tribe will allow a due process for a fair administrative hearing to individuals whose applications for assistance have been denied or not acted upon with reasonable promptness, or whose assistance has been adjusted or terminated. If a citizen or custodial adult disagrees with the determination of the Child Care & Development Program Director an appeal may be filed. The appeal can be made to the Kickapoo Tribal Council. A hearing will be scheduled at the next available date.

Complaints about Childcare Providers

The Kickapoo Tribe keeps an open public record of all written complaints about providers of Child care, This public record is available for review by members of the Tribe at the Tribal Office during Regular business hours.

- For all-complaints received the accused-provider may request a hearing before the Tribal Council at a

regularly scheduled meeting to defend against the charges, provided that the accuser and the Tribal Council have at least one week written notice; If the childcare-provider fails to defend itself against the

complaint within 60 days, or if the complaint is substantiated at a public hearing, the complaint and

related evidence will be placed in an open public file at the Tribal Office. Additionally; the County's-childcare Resource & Referral Agency will be notified of the complaint and will be provided with any supporting evidence (unless the complaint is related to Family care).

Only original documents will be accepted (no faxes or copies).

**Kickapoo Tribe in Kansas
Child Care Program
PARENT'S CHECK LIST**

The following documents must be submitted during the application process. All information listed is mandatory will be required before any payments by the Tribe are authorized.

Immunization Record (Child(ren))

Copy of Provider's State License

(If childcare is provided in child s home or in an immediate relative home = No license is required)

Signed 3-Party Agreement between Parent, Provider, and North Fork Rancheria

Employment or School Enrollment Verification (Adult)

School Verification & School "Schedule (Current Semester and Quarterly) - Child(ren) Monthly

Paycheck Stubs (to be submitted on semi annual basis) Current & past 2 months. Tribal

enrollment for all Tribal Citizens applying (Adults and Child(ren) Release of

Information Form

Completed Kickapoo Tribe Child Care Application Form

All listed documents must accompany this application in order to be considered complete. If all the proper documents are not enclosed with this application; a letter requesting the missing information will be mailed to you (within 1 day of being received in this office). Your eligibility will be held as pending for up to 10 working days from date of original received. On the 11th day your child care application will be destroyed' if the requested documents are not turned in.

**Kickapoo Tribe in Kansas
CHILD CARE
APPLICATION FORM**

Parent/Guardian Name(s): #1 _____ /#2 _____

Parent/Guardian Physical Address: _____ - _____ / _____ - _____ / _____

Home Phone Number: _____ **Cell Number:** _____

Parent(s) Citizenship No.(s);,; _____ **No. of Children in Family:** _____

[.] -Single Parent-Household- [..] 2-Parent Household_ ,

The following information requires documentation. NFR Tribal Citizen must be working, enrolled in and attending school or working in a certified job=training program; in order to qualify for the NFR Child Care Program...

Parent #1: _____ f 1 **Employed** _____ f 1 **Job Training** _____ f 1 **Student** _____
Employer: , _____ **Address:** _____

Work Phone #: _____ **Supervisor Name:** _____

Work Address; City/State/Zip: _____ / _____

Schedule: Days/Wk.: _____ **Hrs./Day:** _____

SchoolNoc. Training: _____ **Field of Study:** _____

School Address: _____ / _____ / _____

Schedule: Days/Wk.: _____ **Hrs./Day:** _____

Please attach employment /school/or training verification for this section

Parent #2: _____ f 1 **Employed** _____ f 1 **Job Training** _____ f 1 **Student** _____

Employer: _____ **Address:** _____

Work Phone #: _____ **Supervisor Name:** _____

Work Address; City State/Zip: _____

Schedule: Days/Wk.: _____ **Hrs./Day:** _____

SchoolNoc. Training: _____ **Field of Study:** _____

School Address: _____ / _____ / _____

Schedule: Days/Wk.: _____ **Hrs./Day:** _____

Please attach employment /school/or training verification for this section

Child Care Application Form

FAMILY INCOME (Gross Monthly)*

Parent #1

Parent #2

Employment

Tips

TANF/Cal.Works

Alimony/Child Support

Unemployment Insurance/Disability

Social Security/ SSI

PerCapita/RTSF Tribal Checks

Other Income (Le., Veteran's Pension, etc.)

-- Specify:

*Please provide copies of paycheck stubs, checks, or notice(s) from income source to document_ monthly income:

LIST CHILDREN NEEDING CHILD CARE

Name(s) of Child(ren)

Date of Birth

Citizenship No.(s)

For school age children, an official_school_schedule from y_our_child's_school!_isrequired.

PROVIDER INFORMATION

Provider's Name: _____

CDL/CID #: _____

- Social Security Number: _____

Date of Birth: _____

Physical Address: _____ / _____

Mailing Address: _____ / _____

Home Phone No.: () _____

Provider's Relationship to Child(ren): _____

Is Provider Licensed? ☐ Yes ☐ No **If yes, License No.** _____

Is Provider Incorporated? ☐ Yes ☐ No

ASSURANCES OF PARENT/GUARDIAN

1. I affirm, to the best of my knowledge, that the information on this Application Form is true, correct, and complete.
2. I will notify the The Kickapoo Tribe, within ten (10) working days, of any changes in my family's income, family size, or needs status.
3. I understand that my eligibility for the program and the amount of the subsidy is subject to review by the Kickapoo Tribe.
4. I understand that the Tribe's subsidy for childcare services is subject to changes or termination at the sole discretion of the Kickapoo Tribal Council and Federal ACF personnel.
5. I understand that I am responsible for directly paying the Provider for the non-subsidized portion of the childcare services.
6. If this application for childcare assistance is denied or if assistance is terminated, I understand that I have the right to file a written appeal with the Kickapoo Tribal Council within 15 days of notice of denial or termination. A public hearing to review the appeal will be held by the Tribal Council.

Signature

Relationship to Child(ren)

Date

ADMINISTRATIVE USE ONLY:

Approved by: ,

Date:

PARENT - PROVIDER - TRIBE AGREEMENT
FOR IN-HOME OR FAMILY SERVICES Relationship of Provider to Child(ren)

Child(ren)'s Name(s):

Date of Birth

Citizenship No.

--1;--The Kickapoo Tribe in Kansas; hereafter referred to as the 'Tribe'; has determined that the State of
____ Kansas-Fair-Market-Rate value-for-childcare-services-for-the-child ren -named-above-is-\$- _____
_____ () _____ per

(day, hour). These services will be provided in the Parent's home by a non-family member, or by a Provider that is an aunt, uncle, adult sibling or grandparent to the child. This rate was determined by the State of Kansas's Regional Market Rate Survey.

2. The Tribe may change or terminate its subsidy upon written notice to the other Parties at the sole discretion of the Tribe.
3. It is understood that the Tribe will pay the Provider on a monthly basis. Certificates (invoices), signed by the Parent as verification, and are due by the fifth (5th) of the month following care. The Tribe will pay the Provider its portion within 90 working days of receipt of the invoice. Any invoice received after the 15th of the month following care will not be considered for payment. All payment timelines are dependent on receipt of funds from funding sources.
4. The Provider certifies that the childcare services do not include religious instruction.
5. The Provider certifies that he/she is free of communicable diseases and is physically and mentally capable of caring for children.
6. The Provider assures that the Provider will: (a) protect the child(ren) against infectious diseases, (b) protect the child(ren) from physical or mental harm or abuse, and (c) ensure the health, safety and good nutrition of the child(ren).
7. The Provider understands that the tribal payment is for childcare services for children who are members of the Tribe, and only for childcare received while the Parent is working, going to school, or receiving job training.
8. All Parties agree to remain in compliance with all policies and procedures of the Tribe's Child Care & Development Program.
9. The Provider and Parent agree to give all parties two (2) weeks notice of withdrawal from the program.
10. The Parent(s) and the Provider understand that the Tribe has a procedure to assess and substantiate grievances against providers and that the Tribe keeps a file of substantiated complaints at the tribal office that is available for public review.

11. All concerned parties realize that this is a parental choice program and that the Tribe has not inspected or warranted the condition of the child(ren)'s environment or the degree or type of supervision, and that the tribe may conduct an in-home monitoring and Health & Safety check at any time. The Tribe assumes no responsibility for injury or damage arising from the performance of this contract. The Provider and parent(E understand that the tribe is a federally recognized Indian Tribe with sovereign immunity and cannot be held liable for harm arising from this program.
12. Any other written or unwritten agreement between the Parent(s) and the Provider that is not discussed here is solely between the parent(s) ant the Provider. The Tribe assumes no responsibility for such agreements...

Provider's Signature

Date

SSN

Parent's Signature

Date

Kickapoo Program Director's Signature

Date

Kickapoo Tribal Chairman's Signature

Date

**PARENT - PROVIDER - TRIBE
AGREEMENT FOR CENTER-BASED OR GROUP-HOME SERVICES**

Child's Name: _____ Provider's Representative: _____
Child's Birth Date: _____ Title of Provider's Representative: _____

1. The childcare Provider charges \$ _____ per hour/day/week/month **as shown by the State Market Rate agreement.** The Provider certified that the fees indicated are the usual and customary charges for the same services provided to children of non-subsidized families.
- 2 The Parent is responsible for directly paying the Provider for the remaining portion of the monthly bill. The Tribe may change or terminate is subsidy upon written notice to the other Parties at the sole discretion of the Tribe.
- 3.. It is understood that the Tribe will pay the Provider on a bi-weekly basis. *Certificates (invoices), signed* By the Parent as verification, and are due by the 5th of the month following care The Tribe will pay the Provider *within 10 working days of receipt of the invoice. Any invoices received after the 15th of th month following care* will *not* be considered for payment. All payment timelines are dependent on receipt of funds from funding sources.
4. The Provider certifies that childcare services do not include religious instruction.
5. The Provider certifies that he/she is free of communicable diseases and is physically and mentally capable of caring for children. The Provider has provided evidence to the Tribe that the Provider has been tested for tuberculosis within the past 12 months, and the test shows the Provider is free of tuberculosis.
6. The Provider assures that the Provider will: •(a) protect the child against infectious diseases, (b) protect the child from physical or mental harm or abuse, and (c) ensure the health, safety and good nutrition of the child.
7. The Provider understands that money received from the Tribe is for childcare services for children who are citizens of the Tribe, and is only for childcare services received while the Parent is working, going to school, or receiving job training.
8. All Parties agree to remain in compliance with all policies and procedures of the Tribe's Child Care & Development Program.
9. The Provider is licensed by the State of Kansas to provide Center-based childcare services, which includes meeting Kansas's health and safety standards for such services.
10. The Provider guarantees that the Parent(s) and the Tribe will have unlimited access to the child(ren) and to the individual(s) caring for their children, during the normal hours of operation or whenever such child(ren) are in the care of the Provider.
11. The Parent(s) and the Provider understand that the Tribe has a procedure to assess and substantiate grievances against providers, that the Tribe will provide information on any substantiated complaints to other government agencies, and that the tribe keeps a file of substantiated complaints at the tribal office that is available for public review.

**PARENT - PROVIDER - TRIBE
AGREEMENT FOR CENTER BASED OR GROUP-HOME SERVICE
(CONTINUED)**

12. All concerned Parties realize that this is a parental choice program and that the Tribe has not warranted *the condition of the Provider's facility or the degree or type of supervision. The tribe assumes no responsibility for injury or damage arising from the performance of this contract. The Provider and Parent(s) understand that the Tribe is a federally recognized Indian Tribe with sovereign immunity and cannot be held liable for harm arising from this program.*
13. Any other written or unwritten agreement between the Parent(s) and the Provider that is not discussed here is solely between the Parent(s) and the Provider. The Tribe assumes no responsibility for such agreements:

Provider's Signature

~~Date and State License No.~~

Parent's Signature

--Date

Program Director's Signature

Date

Tribal Chairman's Signature

Date

Kickapoo Tribe in Kansas
RELEASE OF INFORMATION

, (Participant/Parent) give permission to the Kickapoo Tribe to obtain pertinent information regarding my employment and/or schooling from the below stated companies or organizations for the purposes of determining eligibility and compliance for the Kickapoo - Child Care Program.

, (Parent) also give permission to the North Fork Rancheria to obtain pertinent information regarding my child's tribal enrollment, school verification, immunization, and provider time sheet verification from the following companies or organizations for the purpose of determining eligibility and compliance for the North Fork Rancheria - Child Care Program.

- **Participants-Name:-** _____ **Social Security #:** _____

Print Name

Participant's Signature: _____ **Date:** _____

Childs Name: _____ **Tribal-LD.** _____

Childs Name: _____ **Tribal I.D.** _____

Childs Name: _____ **Tribal I.D.** _____

Initial each company/organization which is allowed to give information to the Kickapoo - Child Care Program and write in the name of the company/organization to obtain information from.

Kickapoo Enrollment Office

Kickapoo TANF Program

Kansas TANF Program

Health Clinic: _____

School (Adult): _____

School (Adult): _____

School (Children): _____

School (Children): _____

• Employer: _____

Employer: _____

Child Care Provider: _____

EDD: _____

County Social Services: _____

Case Manager: _____

Other: _____

Parent:

Please enclose a work and/or school schedule for each adult participant and each child participating in this program.

This form will be mailed or faxed to any of the above stated companies/organizations by the Kickapoo Tribe for the purpose of determining eligibility and/or compliance for the Tribe's- Child Care Program. A telephone call to verify information will be made after sufficient time has passed for mail delivery. The following information will be requested via telephone. All information provided will be kept totally confidential.

Kickapoo Tribe in Kansas
'RELEASE OF INFORMATION
SCHOOL ENROLLMENT/TRAINING VERIFICATION

Child Care Program To:

(School Name)
(Street Address)
(City, State Zip
(Phone, Ext)
(Fax)

(Participants Name)

Social Security #:

Student M. #

Dear School Representative,

This form serves as an official document to collect the below information for the above named participant, as part of the required information needed for eligibility into our program. This information will assist us in matching reported information from the client and to help prevent fraud.

Start Date: _____

The student is enrolled in: Full time ☐ Part time ☐

Current School Year Attending: Spring _____

Summer

What is this student's school schedule? *Please provide lab
time also*

Mon / Tues / _____ Wed / _____ Thurs / _____ Fri / _____ Sat / _____ Sun

Please submit a school enrollment schedule or registration form if available

School Official Signature _____

Title

Date

Kickapoo Tribe in Kansas
RELEASE OF INFORMATION
EMPLOYMENT VERIFICATION

To:

RE: _____

(Participants Name) and Social Security Number: _____

Dear Company Representative,

This form serves as an official document to collect the below information for the above named participant, as part of the required information needed for eligibility into our program. This information will assist us in matching reported information from the client and to help prevent fraud.

Start Date: _____

Retirement Date: _____

Estimated length of job? _____ Is employee working full time? [j Yes [] No

How many hours per day does this employ work? _____ (hours per week) -

What days and hours of the week did/does this employee work?

Mon / _____ Tues / _____ Wed / _____ Thurs / _____ Fri / _____ Sat / _____ Sun

If a work schedule is available, please fax back with this form.

If working on an "On Call" basis, when do you contact the individual to report for work?

Estimated Monthly Gross income

Under \$100	<input type="checkbox"/>	
\$100 - \$200	<input type="checkbox"/>	\$500 - \$600 <input type="checkbox"/>
\$200 - \$300	<input type="checkbox"/>	\$600 \$700 <input type="checkbox"/>
\$300 - \$400	<input type="checkbox"/>	\$700 - \$800 <input type="checkbox"/>
\$400 - \$500	<input type="checkbox"/>	\$800 - \$900 <input type="checkbox"/>
		\$900 - \$1000 <input type="checkbox"/>
		Over \$1000 <input type="checkbox"/>

Employer Signature

Title

Date

Kickapoo Tribe in Kansas
RELEASE OF INFORMATION
SCHOOL ENROLLMENT/TRAINING VERIFICATION

Applicant, you are to fill in the **To, RE, Social Security #** and **Student ID #** only. Do not fill in information below the line.

Child Care Program To:

(School Name)
(Street Address)
(City, State Zip
(Phone, Ext)
(_____) _____ (Fax)

(Participants Name)

Social Security #: _____

Student M. # _____

Dear School Representative,

This form serves as an official document to collect the below information for the above named participant, as part of the required information needed for eligibility into our program. This information will assist us in matching reported information from the client and to help prevent fraud.

Start Date: _____

The student is enrolled in: **Full time** [] **Part time** []

Current School Year Attending: **Spring** _____ **Summer** _____

_____ **What is this student's school**
schedule? Please provide lab time also

Mon / Tues / _____ Wed / _____ Thurs / _____ Fri / _____ Sat / _____ Sun

Please submit a school enrollment schedule or registration form if available

School Official Signature _____

Title _____

Date _____